

ST CLARE MEADOWS CARE CENTER
1414 JEFFERSON ST

BARABOO 53913 Phone:(608) 356-4838
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 102
Total Licensed Bed Capacity (12/31/04): 102
Number of Residents on 12/31/04: 102

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 100

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		40.2	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		43.1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.9	More Than 4 Years		16.7	
Day Services	No	Mental Illness (Org./Psy)	20.6	65 - 74	6.9			-----	
Respite Care	Yes	Mental Illness (Other)	2.0	75 - 84	24.5			100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	52.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.7	Full-Time Equivalent			
Congregate Meals	No	Cancer	2.9		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	17.6	65 & Over	96.1	-----			
Transportation	No	Cerebrovascular	13.7		-----	RNs		12.0	
Referral Service	Yes	Diabetes	11.8	Gender	%	LPNs		5.8	
Other Services	No	Respiratory	6.9		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	24.5	Male	20.6	Aides, & Orderlies			
Mentally Ill	Yes	-----	-----	Female	79.4	41.4			
Provide Day Programming for		100.0	-----		-----				
Developmentally Disabled	Yes				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	7	33.3	307	10	16.9	140	0	0.0	0	2	9.1	252	0	0.0	0	0	0.0	0	19	18.6
Skilled Care	14	66.7	307	48	81.4	120	0	0.0	0	20	90.9	184	0	0.0	0	0	0.0	0	82	80.4
Intermediate	---	---	---	1	1.7	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	21	100.0		59	100.0		0	0.0		22	100.0		0	0.0		0	0.0		102	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	0.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	2.1	Bathing	0.0	54.9	45.1	102
Other Nursing Homes	2.1	Dressing	6.9	58.8	34.3	102
Acute Care Hospitals	90.7	Transferring	24.5	38.2	37.3	102
Psych. Hosp.-MR/DD Facilities	1.4	Toilet Use	18.6	46.1	35.3	102
Rehabilitation Hospitals	0.0	Eating	37.3	50.0	12.7	102
Other Locations	2.9	*****				
Total Number of Admissions	140	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	13.7		Receiving Respiratory Care	27.5
Private Home/No Home Health	10.1	Occ/Freq. Incontinent of Bladder	60.8		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	34.5	Occ/Freq. Incontinent of Bowel	34.3		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	6.9
Acute Care Hospitals	2.9	Mobility			Receiving Tube Feeding	2.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	27.5
Rehabilitation Hospitals	0.0					
Other Locations	9.4	Skin Care			Other Resident Characteristics	
Deaths	43.2	With Pressure Sores	6.9		Have Advance Directives	92.2
Total Number of Discharges		With Rashes	23.5		Medications	
(Including Deaths)	139				Receiving Psychoactive Drugs	71.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	94.4	1.04	86.9	1.13	87.7	1.12	88.8	1.10
Current Residents from In-County	85.3	77.1	1.11	80.4	1.06	70.1	1.22	77.4	1.10
Admissions from In-County, Still Residing	25.0	24.2	1.03	23.2	1.08	21.3	1.17	19.4	1.29
Admissions/Average Daily Census	140.0	115.9	1.21	122.8	1.14	116.7	1.20	146.5	0.96
Discharges/Average Daily Census	139.0	115.5	1.20	125.2	1.11	117.9	1.18	148.0	0.94
Discharges To Private Residence/Average Daily Census	62.0	46.1	1.35	54.7	1.13	49.0	1.27	66.9	0.93
Residents Receiving Skilled Care	99.0	97.0	1.02	96.9	1.02	93.5	1.06	89.9	1.10
Residents Aged 65 and Older	96.1	97.0	0.99	92.2	1.04	92.7	1.04	87.9	1.09
Title 19 (Medicaid) Funded Residents	57.8	64.4	0.90	67.9	0.85	68.9	0.84	66.1	0.88
Private Pay Funded Residents	21.6	24.7	0.87	18.8	1.15	19.5	1.11	20.6	1.05
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	22.5	35.9	0.63	37.7	0.60	36.0	0.63	33.6	0.67
General Medical Service Residents	24.5	24.7	0.99	25.4	0.96	25.3	0.97	21.1	1.16
Impaired ADL (Mean)	58.0	50.8	1.14	49.7	1.17	48.1	1.21	49.4	1.17
Psychological Problems	71.6	59.4	1.21	62.2	1.15	61.7	1.16	57.7	1.24
Nursing Care Required (Mean)	11.8	6.8	1.74	7.5	1.57	7.2	1.63	7.4	1.58